

4. Social Security Number: _____ - _____ - _____

5. State/Driver's License Number: _____

If the Credit Union utilizes a consumer credit report, you have the right to receive a copy of the credit report. Please check the box if you wish to receive a copy of the credit report, at no expense to you:

YES

If the copy of the credit report should be sent to a different address than the one set forth in item number 2 above, please provide that address:

(Street) *(City)* *(State)* *(Zip)*

The Credit reporting agency providing the credit report is:

Experian, 505 City Parkway West, Orange, California 92868

I hereby acknowledge that I have read the above notice and statement, understand them and agree to abide by the entire contents of this authorization.

(Applicant's Signature) *(Date)*

SkyOne Internal Use Only

Date Experian report pulled: _____

Date copy mailed to applicant: _____

HR Signature: _____

Date: _____